

MENU BOARD/A-FRAME

Temporary Use Application

Business Information
Name of Business:
Address:
Telephone Number:
Hours of operation:
Monday – Friday:
Saturday:
Sunday:
Applicant Information
Applicant Name:
Job Title:
Address:
Telephone Number:
E-Mail Address:
Emergency Contact Information
Please list the name of a person the City can notify or contact at any time concerning the applicant's requested temporary use (i.e.: Manager).
Name & Title:
Telephone Number:
F. Mail Address



Sign Specifications:		†
Height: (Maximum of 43in.)		
Width: (Maximum of 24in.)	Height	
Frame & Writing Area Material(s):		Width
Attachments: Please submit the following information		
Photo(s) of proposed Menu Board/A-Frame: Photos must cl	learly show	color and design.
Proof of Insurance: General liability insurance in the amount \$200,000 per occurrence is required. The business insurance po "Mayor and Aldermen of the City of Savannah" and should nar of the City of Savannah" as a certificate holder.	olicy must be	e made out to the
Application Fee: Once the request is approved, an application Payment should be made by check or money order and made page		
By signing below, I agree that I:		
I have read and accept the terms of the City of Savannal	h's Tempora	ary Use Policy;
Understand the permit is nontransferable and nonrefund	lable; and	
Have the responsibility of providing proof of indemnificand notifying the City and ceasing operation if my liability or is transferred.		•
Signature of Applicant Date		

Please submit completed applications to:

City of Savannah Special Events, Film & Tourism Attn: Tourism Division P.O. Box 1027 Savannah, GA 31402